American Congress of Rehabilitation Medicine
Policy and Procedures on Evidence-Based Practice

Policy

The American Congress of Rehabilitation Medicine (ACRM) strives to apply the highest standards of rigor to the evaluation of research evidence and its application in rehabilitation clinical practice. ACRM has established a Clinical Practice Committee (CPC) to provide advice on all issues relevant to the collection, evaluation, and dissemination of evidence and the guidelines/practice parameters that may be based upon it.

Consistent with the ACRM mission of "Promoting excellence in the science of rehabilitation medicine through interdisciplinary collaboration and cooperation in research," the CPC:

(1) promotes effective and efficient rehabilitation practice and enhances the quality of rehabilitation services through the incorporation of the principles of evidence-based practice (EBP), including principles of strength of evidence graded to strength of recommendation, into clinical assessment, treatment, research, decision-making, and policy development
(2) fosters an evidence-based culture in rehabilitation, acting as a liaison between research and clinical practice and as a resource to ACRM members and the public
(3) acts as an oversight body to ensure that standards are met in evidence synthesis and related practice recommendations or guidelines developed by ACRM members or endorsed by the ACRM,
(4) facilitates development of EBP products such as practice parameters, systematic reviews, position statements, and similar materials (using procedures delineated below),
(5) if intended for publication in *Archives of Physical Medicine and Rehabilitation,* collaborates with the editorial board in developing and reviewing evidence-based reviews and practice guidelines.
(6) develops and/or disseminates information on EBP and information for use in EBP.

The CPC has primary responsibility for evaluating the quality of evidence reviews and EBP recommendations that would be disseminated as ACRM systematic reviews, guidelines or practice recommendations and for facilitating the development of such materials in the ACRM. The CPC also evaluates all guidelines or recommendations developed by other organizations proposed for ACRM endorsement and provides recommendations to the Board regarding approval. Final endorsement requires ACRM Board of Governors approval.

As a component of an interdisciplinary organization, the CPC appreciates the validity of nationally and internationally respected approaches to evidence synthesis used by

multiple professions. CPC has selected the methodology developed by the American Academy of Neurology (AAN) as the preferred way of developing guidelines for rehabilitation professionals. While the AAN method is the preferred basis, reviews and guidelines developed using other recognized evidence-based methods such as those of the Cochrane Collaboration, the Appraisal of Guidelines for Research and Evaluation (AGREE) collaboration, Grades of Recommendation, Assessment, Development, and Evaluation (GRADE), the Institute of Medicine, and the Agency for Healthcare Research and Quality will also be considered for ACRM endorsement The CPC also develops materials and standards to improve the synthesis of research information and its application to rehabilitation in practice.

Procedures

I. Meetings

The CPC meets by teleconference on a regular (e.g., monthly) basis and face-to-face at the annual ACRM meeting. Additional meetings of the CPC and/or sub-committees of the CPC are called by the Chairperson(s) on an as needed basis.

II. Development of Evidence Based Reviews and Guidelines

Steps involved in development of EB reviews and practice recommendations or guidelines[1] include the following:

(a) *Selection of topic(s) for review*. The CPC may formulate a topic. Alternatively, a group of authors with representation of ACRM members may propose a topic for review to the CPC with a plan of pursuing the review themselves. The CPC facilitates such reviews to ensure that they meet appropriate professional standards and can qualify for endorsement by ACRM. Such facilitation could include: (1) suggesting additional authors for the author panel, (2) assisting with the literature review, (3) education and consultation regarding methods of literature synthesis, and (4) education and consultation regarding methods and criteria for establishing guidelines or practice recommendations.

    Prospective topics and the systematic review plan are communicated to members of the *Archives* editorial board to facilitate eventual publication in the *Archives,* which after internal screening designates a review editor to handle the project.

(b) *Formation of expert author panel.* The CPC selects authors but does not itself do the evidence review or write the guideline.

[1] Different organizations employ different but overlapping terms. Generically, the term “recommendation” is applicable as a statement about what is desirable in clinical practice. The terms “treatment option”, “recommendation”, “guideline”, and “standard” are related to these levels of recommendation, “option” being the weakest recommendation and “standard” being the strongest recommendation. In this Policy and Procedure statement, we use the terms recommendation and guideline interchangeably, but it should be noted that other publications use the term “guideline” to mean a strong recommendation.

(c) *Clarifying clinical questions.*

(d) *Systematic review of the literature.* This includes identifying relevant publications, classification of level of evidence, creation of evidence tables, and analyzing the data.

(e) *Writing the review and practice recommendation or guideline*. The strength of practice recommendation is proportioned to the strength of evidence.[2] Recommendations are also typically made for future research. Writing the guideline or practice recommendation can also be a separate step from the literature synthesis, as considerable work is often needed to integrate research evidence with clinical experience and the values of persons served.

(f) *Extensive peer review and CPC review*. Draft EB reviews and practice recommendations are sent to a broad spectrum of methodological and content experts.

CPC members also review guidelines and practice recommendations, paying particular attention to whether standards for evidence review and linked practice recommendations have been met. Feedback to authors should be constructive as well as critical.

(g) *CPC vote*. After completing the review process, the CPC votes on whether proposed guidelines and EB practice recommendations have met standards (see below).

(h) *Communication with editors of Archives of Physical Medicine and Rehabilitation and publication*. (See below). Reviews are sent to the *Archives* for independent peer review and possible improvement.

(i) *ACRM Board approval.* The CPC forwards its recommendation for approval to the ACRM Board (see below).

(j) *Endorsement by other organizations.* For guidelines and recommendations produced under the aegis of ACRM and accepted by the Board, the CPC will solicit endorsement for the EB guidelines from other professional organizations with a requested response time of 45 days.

(k) *Preparation of update statements.* Updates are prepared on a regular basis (e.g. every 2 years, or whenever significant new evidence alters a practice recommendation.) .

(l) *Dissemination* (See below)

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[2] According to the *AAN Process Manual,* two class I studies are needed to support a Level A recommendation that a treatment is "established as effective" and "should be considered". Two class II studies support a Level B recommendation that a treatment is "probably effective" and "should be considered". Two class III studies support a Level C recommendation -- that a treatment is "possibly effective" and "may be considered" (p. 19). Lower levels of evidence support only a "U" recommendation: applicability to practice is unknown or scientifically uncertain but research recommendations are provided.

III. CPC Review. (See also f and g above)

Requests to the ACRM to approve or evaluate an evidence review, guideline or practice recommendation, whether submitted by an ACRM member, committee, or an external organization, are forwarded to the CPC Chair(s). The CPC Chair(s) appoint review panels including both CPC members and non-CPC members, both content and methodology specialists, to conduct these evaluations. After careful review, the CPC votes whether to endorse the review and practice recommendation/guideline. This review is done in a timely way and a target period of review is communicated to authors (e.g., 45 days from the date the final submission is received by the CPC).

The CPC forwards its recommendations for endorsement to the ACRM Board for approval. Recommendations for partial endorsement or non-endorsement may also be sent to the board for guidelines developed by outside organizations seeking ACRM approval.

IV. Decisions by Board.

Final decisions regarding ACRM endorsement are made by vote of the ACRM Board of Governors.

V. Communication with Archives of PM&R and Publication

The CPC works with the Editorial Board of the *Archives of Physical Medicine and Rehabilitation* to:

(a) select guideline topics
(b) to develop plans for systematic reviews
(c) to insure that standards of evidence review and making practice recommendations are followed
(d) to avoid duplicative review of systematic reviews, guidelines and recommendations
(e) to avoid contradictory review standards and procedures
(f) to assure appropriate branding of endorsed products, and
(g) when appropriate to coordinate publication in multiple venues.

VI. Information Dissemination, Education, and Application

The CPC facilitates dissemination of information regarding the guideline/recommendation development process as well as information regarding specific evidence reviews and guidelines. The CPC develops and disseminates information on how to incorporate evidence and evidence-based guidelines or recommendations into clinical practice and decision-making by or for persons with disability. Such dissemination can be accomplished by a number of methods including publication in the *Archives,* courses at

the ACRM annual and midyear meeting, courses offered at other professional venues, publication in the *ACRM Rehabilitation Outlook Newsletter,* the ACRM web site, as well as in various appropriate journals, newsletters, and other publications, and other methods.

Because of the importance of information dissemination and utilization, the CPC may create subcommittees on dissemination and utilization (a.k.a. knowledge translation) as well a subcommittee on evidence synthesis and guidelines.

The CPC attempts to provide information useful in clinical, administrative, policy making and research practice. The CPC also facilitates or cooperates with efforts to evaluate guideline implementation and utility in practice.